

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)		09/868417	
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/					51	/		/	
2	/					52	/		/	
3	/					53	/		/	
4	/					54	/		/	
5	/					55	/		/	
6	/					56	/		/	
7	/					57	/		/	
8	/					58	/		/	
9	/					59	/		/	
10	/					60	/		/	
11	/					61	/		/	
12	/					62	/		/	
13	/					63	/		/	
14	/					64	/		/	
15	/					65	/		/	
16	/					66	/		/	
17	/					67	/		/	
18	/					68	/		/	
19	/					69	/		/	
20	/					70	/		/	
21	/					71	/		/	
22	/					72	/		/	
23	/					73	/		/	
24	/					74	/		/	
25	/					75	/		/	
26	/					76	/		/	
27	/					77	/		/	
28	/					78	/		/	
29	/					79	/		/	
30	/					80	/		/	
31	/					81	/		/	
32	/					82	/		/	
33	/					83	/		/	
34	/					84	/		/	
35	/					85	/		/	
36	/					86	/		/	
37	/					87	/		/	
38	/					88	/		/	
39	/					89	/		/	
40	/					90	/		/	
41	/					91	/		/	
42	/					92	/		/	
43	/					93	/		/	
44	/					94	/		/	
45	/					95	/		/	
46	/					96	/		/	
47	/					97	/		/	
48	/					98	/		/	
49	/					99	/		/	
50	/					100	/		/	
TOTAL						TOTAL				
TOTAL						TOTAL				
TOTAL						TOTAL				
CLAIMS						CLAIMS				